



## Administration of Non-Parenteral Medications

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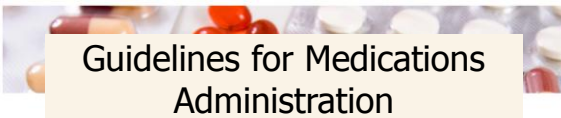
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## Guidelines for Medications Administration

- Medications are not to be administered until the patient's allergies are determined.
- Know the reason why the patient is receiving the medication, drug classification, contraindications, safe dose, side effects, & nursing considerations.
- Question any order that is not clear in meaning, not legible, questionable in dosage.

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## Guidelines, cont.

- Never permit a patient to carry medicine to another patient.
- Know the 5 Rights of medication administration.
- An error in medication must be reported immediately.
  - Refer to Medication Error Policy

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## Guidelines, cont.

- The nurse who prepares the medication, administers and charts it.
- Know and concentrate on what you are doing when preparing and administering medications.
- Give the medications at the time for which it is ordered (**routine, urgent, STAT orders**)
- Give medications only from clearly labeled containers.

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## Unit Dose Medications



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## PYXIS Medstation



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## Medication Cassette Cart



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- Always identify the patient (minimum of 2 identifiers) before giving the medication by asking the patient's full name and checking the arm band for name & MRUN.
- Ask patient for ALLERGIES at the bedside.
- If the medication is refused, or cannot be administered, notify the instructor, staff nurse, and chart the reason.
- Never mix the liquid medications together.

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## Lower Meniscus



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### Guidelines, cont.

- Record accurately and immediately after it was administered.
- Never record a medication as given before it was administered.
- Do not crush enteric coated tablets.
- Do not remove medicine from capsules.
- Fractional doses must be preceded by a zero.
  - Ex. 0.2 mg.

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### Guidelines, cont.

- Be careful of two patients with the same name. Check patient medical record number.
- **Never leave the medications at the bedside , however there are exceptions.**

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## Medication Left at the Bedside

### Requirements:

- There is an order.
- The medication is on the allowable list for the hospital.
- The patient is given appropriate instructions to take the medication.
- The nurse must chart that instructions were given to the patient.
- Medication is left in the original container.

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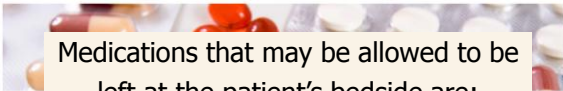
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## Medications that may be allowed to be left at the patient's bedside are:

- |  |   |
|--|---|
| • Nitroglycerine tablets                               | • Eye drops                                   |
| • Antacids   | • Ear drops                                   |
| • Dermatological medications, e.g. ointments & lotions | • Inhaler                                     |
| • Contraceptives (oral)                                | • Anesthetic aerosol spray (post partum unit) |

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## JCAHO

- Patient Identifiers
- "High Alert" Medications
  - Ex. Methadone po (policy #910, 2013)
- "Read back" policy
- "Hand off" communication
- No "range order"
- Medication Reconciliation

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## Reminders

- 1st semester students are not to take any telephone or verbal orders.
- In County hospitals, research & investigational drugs are not given by student nurses.
- **Any concern or confusion on medications, ask your clinical instructor.**

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## Black Box Warning

- Medication that carries the risk of serious and life-threatening adverse effects.
- Strongest medication warning issued by the FDA.
- Meds: Lovenox, Duragesic patch, Haldol, Dilaudid injection, Toradol injection, Methadone, Morphine ER, Oxycontin, Advair, Coumadin, etc.

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## Physician's Orders

- See handouts
- Be familiar with the significant components of Physician's Orders.

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### Steps to Verify a Medication Order prior to Administration

- Chart – Physician's Order
- Kardex
- MAR
  - Patient's identifiers
  - Check allergies
  - Medications written as ordered by MD
  - Any parameters that need to be checked?
  - When was the last time PRN med was given?

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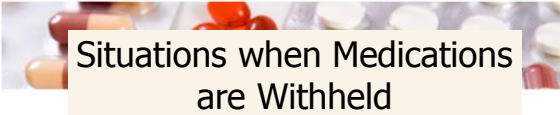
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### Situations when Medications are Withheld

- NPO status
- Procedures, surgeries
- Patient's parameters
- Patient's unstable clinical condition
- Allergic/adverse reactions

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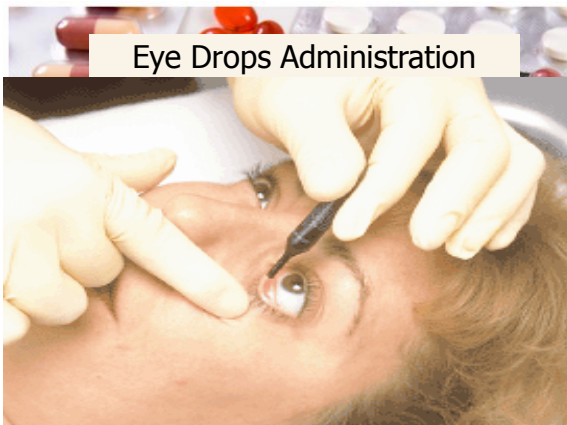
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## Ear Drops

Children under 3 yrs. of age

Older than 3 yrs. of age

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## Medication Safety

- Medication Safety is multidisciplinary and requires physicians, nurses, and pharmacists to work together to ensure legible orders, accurate transcription, and timely administration.
- Good communication, both oral and written, is the foundation of medication safety.

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**LAC Medication Administration:  
Policies and Procedures – intranet  
Drug Bulletin – see handouts**

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